

Registration for the

Fourth North American FT-ICR MS Conference April 3-6, 2003

Marconi Conference Center
18500 Highway 1
P.O. Box 789
Marshall, CA 94940
800-970-6644

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____

Phone: _____ - _____ Fax: _____ - _____

Registration Fee: \$500 per participant

Method of Payment:

Check

Money Order

Wire Transfer: Source Bank _____ Amount \$ _____ Date _____

I plan to present a poster

Title: _____

Authors: _____

I am a student presenting a poster and I would like to be considered for waiving my registration and housing. An abstract **MUST** be submitted along with registration.

I am an Invited Speaker

Talk title: _____

Due to the limited availability of accommodations, all participants will be required to share a room.
Please suggest possible roommate(s) _____

Please print and complete this registration form and mail it with check, money order, or wire transfer information to:

ABA Office
National High Magnetic Field Laboratory
ATTN: FT-ICR Conference
1800 E. Paul Dirac Dr.
Tallahassee, FL 32310

Personal and cashier's checks or money orders: Payable to Florida State University -- NHMFL.
Refer to "FT-ICR Conference" in the memo portion of the check.

Wire Transfer Information:

Account name: FSU

Bank name: Bank of America Florida

Routing number: 063100277

"NHMFL" should be placed in the "user defined" or "memo" section of the transfer.

Account number: 100002777

Further information: Mark R. Emmett, emmett@magnet.fsu.edu, (850) 644-0648